CAS-112

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A Ruptured Mycotic Aneurysm in a Patient with Diabetes Mellitus and Cirrhosis

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Introduction

A mycotic aortic aneurysm is a serious and life-threatening disease with the risk of rupture. The classic presentation is a painful, pulsatile, and enlarging mass with fever, back or abdominal pain. The diagnosis depends on imaging findings and microbiological examination of blood and/or the aneurysm wall. Surgical debridement of the infected tissue and vascular reconstruction including open surgery and endovascular therapy play an important role in diagnosis and treatment. The standard treatment for most infected aneurysms is antibiotic therapy combined with aggressive surgical debridement with or without revascularization.

Case Presentation

A 65-year-old man with diabetes mellitus and liver cirrhosis presented to our emergency department with back soreness for 10 days and delirium. An abdominal CT scan showed a ruptured abdominal aortic aneurysm. He then received endovascular aneurysm repair. The blood and abscess cultures yielded *Escherichia coli*. The following CT scan and MRI revealed abscess over the left iliopsoas muscle, lumbar spine L3-L4, and left hip joint. After that, he had received percutaneous drainage for left iliopsoas muscle abscess, debridement and drainage for pyogenic spondylodiscitis of the third and fourth lumbar vertebrae, and Girdlestone procedure and antibiotic-loaded cemented mobile spacer for pyogenic arthritis of the left hip.

This patient received intravenous antibiotic treatment, drainage and surgical intervention for the multisite deep-seated infections during hospitalization. The length of hospital stay was nearly 3 months.

Fig.1

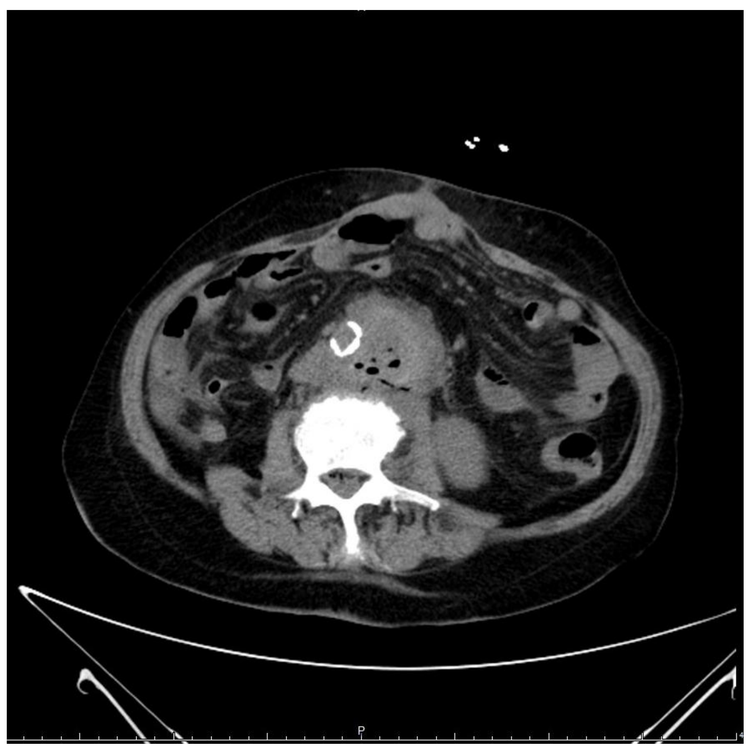
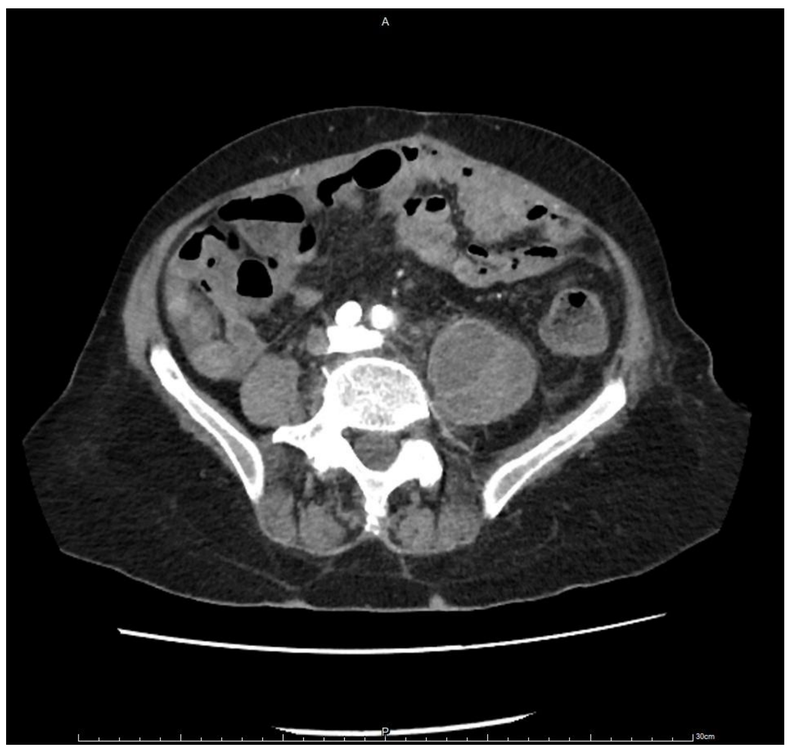


Fig.2



Conclusion

Source control timely and adequately combine with long-term appropriate antimicrobial therapy played the important roles in the management of the ruptured mycotic aneurysm and deep-seated infections.